

Work Order ID 105842***105842***

Page 1

August-21-13 1:59:12 PM

| | | | | | | | | |
|----------------|--|------------|---------------------|------------|---------------|--------------|-------|--------------|
| Item ID: | D3874-2 | Accept | *N900040100* | Setup | Start | *NS1* | | |
| Revision ID: | | | | | Stop | *NS2* | | |
| Item Name: | Floor protector - pilot (sub-com D206-781-011) | | | | | | | |
| Start Date: | 8/21/13 | Start Qty: | 5.00 | *5* | Cust Item ID: | | | |
| Required Date: | 9/04/13 | Req'd Qty: | 5.00 | *5* | Customer: | | | |
| Reference: | | | | | | | | |
| Approvals: | Process Plan: | MLJ | Date: 13-08-24 | Tooling: | Date: | Run | Start | *NR1* |
| | QC: | | Date: | SPC (Y/N): | Date: | | Stop | *NR2* |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| 100 | | 0.00 | | | | | | | |
| *100* | | | | | | | | | |
| Hand Thermo | Memo | 0.00 | | | | | | | |
| Hand Finishing Thermoforming | 1-Cut Sheet to required Blank size | | | | | | | | |
| 105 | Dry Material | 0.00 | | | | | | | |
| *105* | | | | | | | | | |
| Hand Thermo | Memo | 0.00 | | | | | | | |
| Hand Finishing Thermoforming | Dry Sheet as per QSI022 POLYCARBONATE | | | | | | | | |
| Temp: 240° | | | | | | | | | |
| Time IN: 7:00 pm | | 13/08/21 | | | | | | | |
| Time OUT: 7:00 am | | 13/08/22 | | | | | | | |

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | |
|---|------|------|-----|--|--|--|---|--|--------------|--------------|--|--|---|--|
| | | | | Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | |
| Doc/Data | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | |
| Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube | | | | General Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> | | | Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> | | | | Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> | | Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> | |
| | | | | | | | | | | | <input type="checkbox"/> Other | | | |

Work Order ID 105842

105842

Page 2

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Item ID: D3874-2 Accept *N900040100* Setup Start *NS1*
Revision ID:
Item Name: Floor protector - pilot (sub-com D206-781-011) Stop *NS2*
Start Date: 8/21/13 Start Qty: 5.00 *5* Cust Item ID:
Required Date: 9/04/13 Req'd Qty: 5.00 *5* Customer:
Reference:
Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|---|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|--------------------|
| 110 *110* Thermoform Thermoforming Machine | Memo 1-Machine Set-Up 2-Pre-heat Tool to required temp. 3-Thermoform as per Dwg and Folio #FTA039 using tool DT9474 Dwg Rev: <u>A</u> Folio Rev: <u>B</u> | 0.00 | | | | X5 | | | DAS 07 08/22 |
| 140 *140* HandThermo Hand Finishing Thermoforming | Memo 1-Trim to finished dimensions as per Dwg | 0.00 | | | | X5 | | | DAS 07 08/22 |
| 150 *150* QC Quality Control | Memo QC2- Inspect parts off machine FAI/FAIB Complete FAI document | 0.00 | | | | X5 | | | DAS 07 08/22 |

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | |
|---|------|------|--|---|------------------------------------|--|--------------------------------------|---|-------------|--------------|--------------|--|--|---|--|
| | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | |
| | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | |
| | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | |
| | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | | Sign & Date | Verification | QC Inspector | | | | |
| Doc/Data | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | |
| | | | | | | | | | | | | | | <input type="checkbox"/> Other | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Work Order ID 105842

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105842

Page 3

| | | | | | | | |
|----------------|--|------------|--------------|-------|---------------|-------|-------|
| Item ID: | D3874-2 | Accept | *N900040100* | Setup | Start | *NS1* | |
| Revision ID: | | | | Stop | | *NS2* | |
| Item Name: | Floor protector - pilot (sub-com D206-781-011) | | | | | | |
| Start Date: | 8/21/13 | Start Qty: | 5.00 | *5* | Cust Item ID: | | |
| Required Date: | 9/04/13 | Req'd Qty: | 5.00 | *5* | Customer: | | |
| Reference: | | | | | | | |
| Approvals: | Process Plan: | Date: | Tooling: | Date: | Run | Start | *NR1* |
| | QC: | Date: | SPC (Y/N): | Date: | Stop | | *NR2* |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|-------------------|--------|--------------|---------------|---------------|------------------|----------------|
| 160 *160* QC | QC5- Inspect part completeness to step on W/O | 0.00 | DAS 27 9-89 | | | | | | S |
| Quality Control | Memo | 0.00 | 13-8-29 | | | | | | |

| | | | | | | | | | |
|----------------------------------|-----------|---------------------------------------|------|--|--|--|--|--|--|
| 170 *170* Packaging | Packaging | Identify as per dwg & Stock Location: | 0.00 | | | | | | |
| Packaging | Memo | PAP104290 | 0.00 | | | | | | |

| | | | | | | | | | |
|---------------------------|-----------------|---|------|--|--|--|--|--|--|
| 180 *180* QC | Quality Control | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | |
| | Memo | | 0.00 | | | | | | |

143/9/15 (5)

13/9/15 (8)

AB094

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | | |
|---|--|--|------------------------------------|---|------------------------------------|--------------------------------------|--------------------|---|-------------|--------------|--------------|--|--|
| Part No. _____ | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | |
| NCR No. _____ | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | |
| | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Picklist Print

August-21-13 1:59:15 PM

Page 1

Work Order ID: 105842

105842

Parent Item: D3874-2

D3874-2

Parent Item Name: Floor protector - pilot (sub-com D206-781-011)

Start Date: 8/21/13

Required Date: 9/04/13

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP Rev. A 09.02.06 New Issue DL
Add Step 105 Dry Material 10/04/21 DL

IPP Rev B

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|----------------|
| MLEXS.118-90318-08 | | Purchased | | No | | 100 | sf | 416.8800 | 4.38 | 21.9 | | | DA 07 89 |

MI FXS 118-90318-08

Lexan Sheet

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| therm | 416.88 | |
| 113127 | 416.88 | |

21.9 sq ft

13/08/22

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | |
|--|------|------|---|--|--|--|--|---|--------------|--------------|--|---|
| Part No. _____ NCR No. _____ | | | <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update | <input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab | <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite | <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier | <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | |
| Material | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Process | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | |
| Training | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled |
| | | | | | | | | | | | <input type="checkbox"/> Other | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | |
|------------------------------|--------------|-------------|
| DART AEROSPACE LTD | Work Order: | 105842 |
| Description: Floor Protector | Part Number: | D3874-2 |
| Inspection Dwg: D3874 Rev: A | | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

First Article Prototype

THERMOFORMING SECTION

| Description | Accept | Reject | Method of Inspection | Comments |
|---|--------|--------|----------------------|----------|
| Inside Radii less than <u>N/A</u> | | | | |
| Shape Definition | ✓ | | | |
| Texture Retention | ✓ | | | |
| Material imperfections such as bumps, cracks, voids, scratching | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Measured by: DAS Date: 13/08/20

TRIMMING SECTION

| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|-----------|------------------|--------|--------|----------------------|----------|
| 0.050 | Min | 0.106" | ✓ | | CAL TH-0T | |
| 0.065 | Min | 0.090" | ✓ | | CAL TH-0T | |
| 0.5 | Min | 0.55" | ✓ | | LINE TH-01 | |
| 21.9 | REF | 21.9" | ✓ | | TAPE TH-05 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Measured by: DAS Date: 13/08/20

Audited by: 27 Date: 13-8-20

Prototype Approval: N/A Date: N/A

| Rev | Date | Change | Revised by | Approved |
|-----|----------|-----------|------------|-----------|
| A | 09.09.15 | New Issue | KJ | <u>AA</u> |

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | |
|--|------|------|-----|---|--|--|--|--|--------------|--|--|--|---|--|
| | | | | Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | | |
| Doc/Data | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other | | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | |

8 7 6 5 4 3 2 1

D

D

C

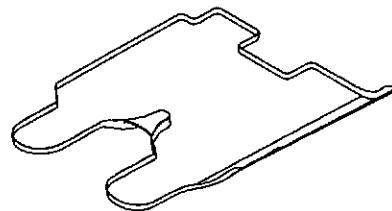
C

B

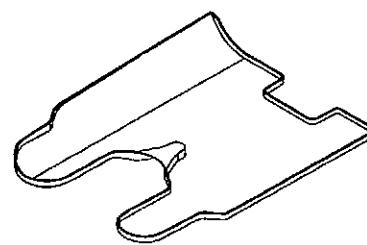
B

A

A



D3874-1 FLOOR PROTECTOR



D3874-2 FLOOR PROTECTOR

13-08-21
13-08-21

105842 M/S
13-08-21

RELEASED
09/09/2018

| A | NEW ISSUE | PH | 09.01.29 |
|------------|-------------|---|--------------|
| REV. | DESCRIPTION | BY | DATE |
| DESIGN | PH | DART AEROSPACE LTD | |
| DRAWN | PH | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | | DRAWING NO. | REV. A |
| MFG. APPR. | | D3874 | SHEET 1 OF 3 |
| APPROVED | | TITLE | SCALE |
| DE APPR. | | FLOOR PROTECTOR | NTS |
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8 7 6 5 4 3 2 1

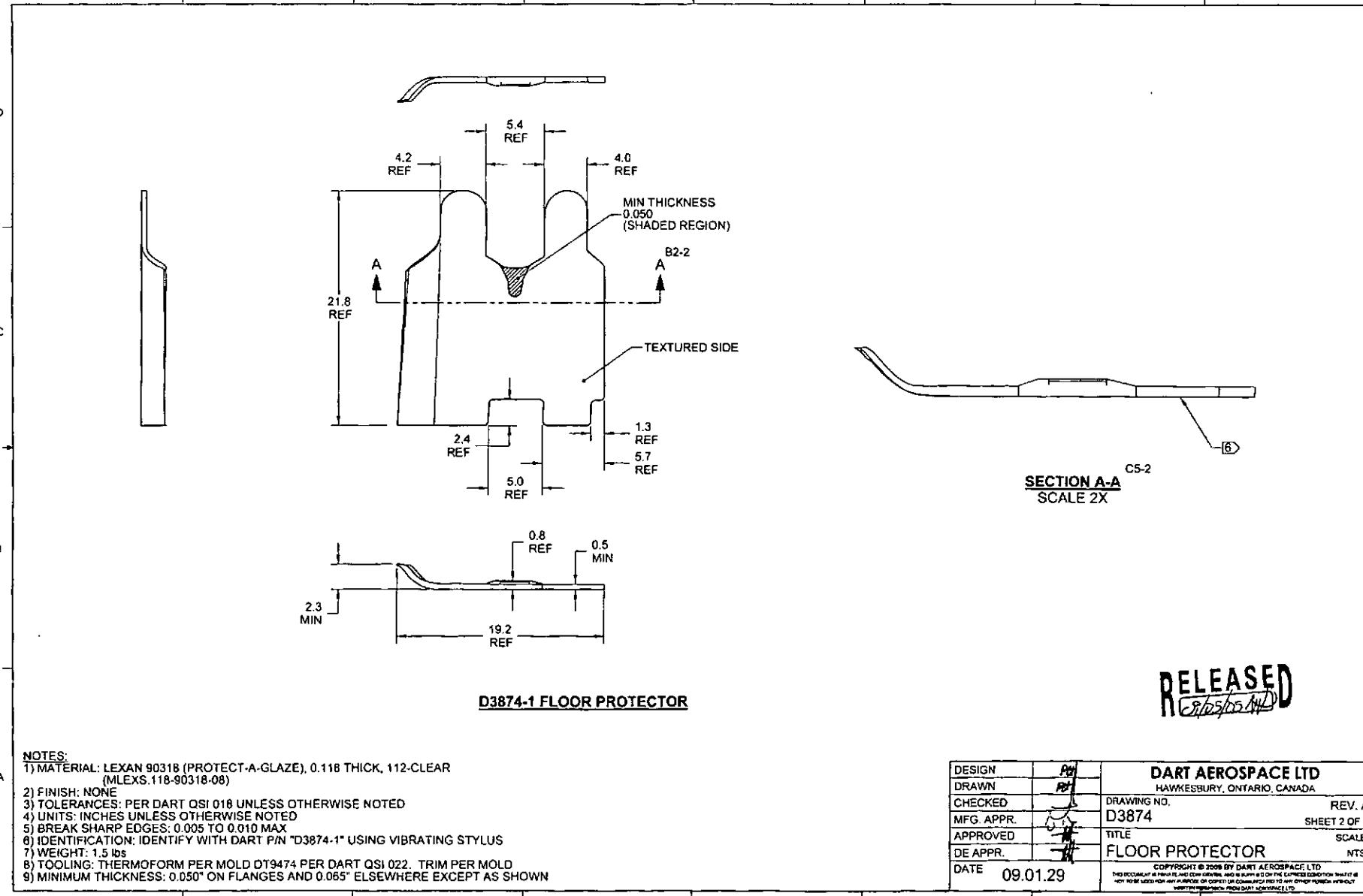
NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | |
|-------------------|--------------------------|------------------------------|--|---|------------------------------------|--|--------------------------------------|----------------------|--------------------------|--------------------|--------------|--|
| | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | |
| | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | |
| | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | |
| | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | |
| Material | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Process | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | |
| Training | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | | |
| | <input type="checkbox"/> | Bending | <input type="checkbox"/> | Bend | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Ovalized | <input type="checkbox"/> | Pressure/Forced | | |
| | <input type="checkbox"/> | Centre Not Concentric to O/S | <input type="checkbox"/> | BOM/Route | <input type="checkbox"/> | Hardware | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Temperature/Cure | | |
| | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Broken/Damaged | <input type="checkbox"/> | Inspection Incomplete | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Weld | | |
| | <input type="checkbox"/> | Crushed/Crimped | <input type="checkbox"/> | Burrs | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Wrong Stock Pulled | | |
| | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | Inspection Strip in Tube | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Power Loss/Surge | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | Ripples in Bend | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Offset | <input type="checkbox"/> | | <input type="checkbox"/> | Other | | |
| | <input type="checkbox"/> | Torque Waves in Extrusion | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Out of Calibration | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | Turning Sequence | <input type="checkbox"/> | Finish | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Folio | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | | <input type="checkbox"/> | | | |



| | | |
|------------|-----------|-----------------------------|
| DESIGN | <i>PM</i> | DART AEROSPACE LTD |
| DRAWN | <i>PM</i> | HAWKESBURY, ONTARIO, CANADA |
| CHECKED | <i>PM</i> | REV. A |
| MFG. APPR. | <i>PM</i> | DRAWING NO. D3874 |
| APPROVED | <i>PM</i> | SHEET 2 OF 3 |
| DE APPR. | <i>PM</i> | TITLE FLOOR PROTECTOR |
| DATE | 09.01.29 | SCALE NTS |

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RELEASED
09/01/29

NCR: Yes / No

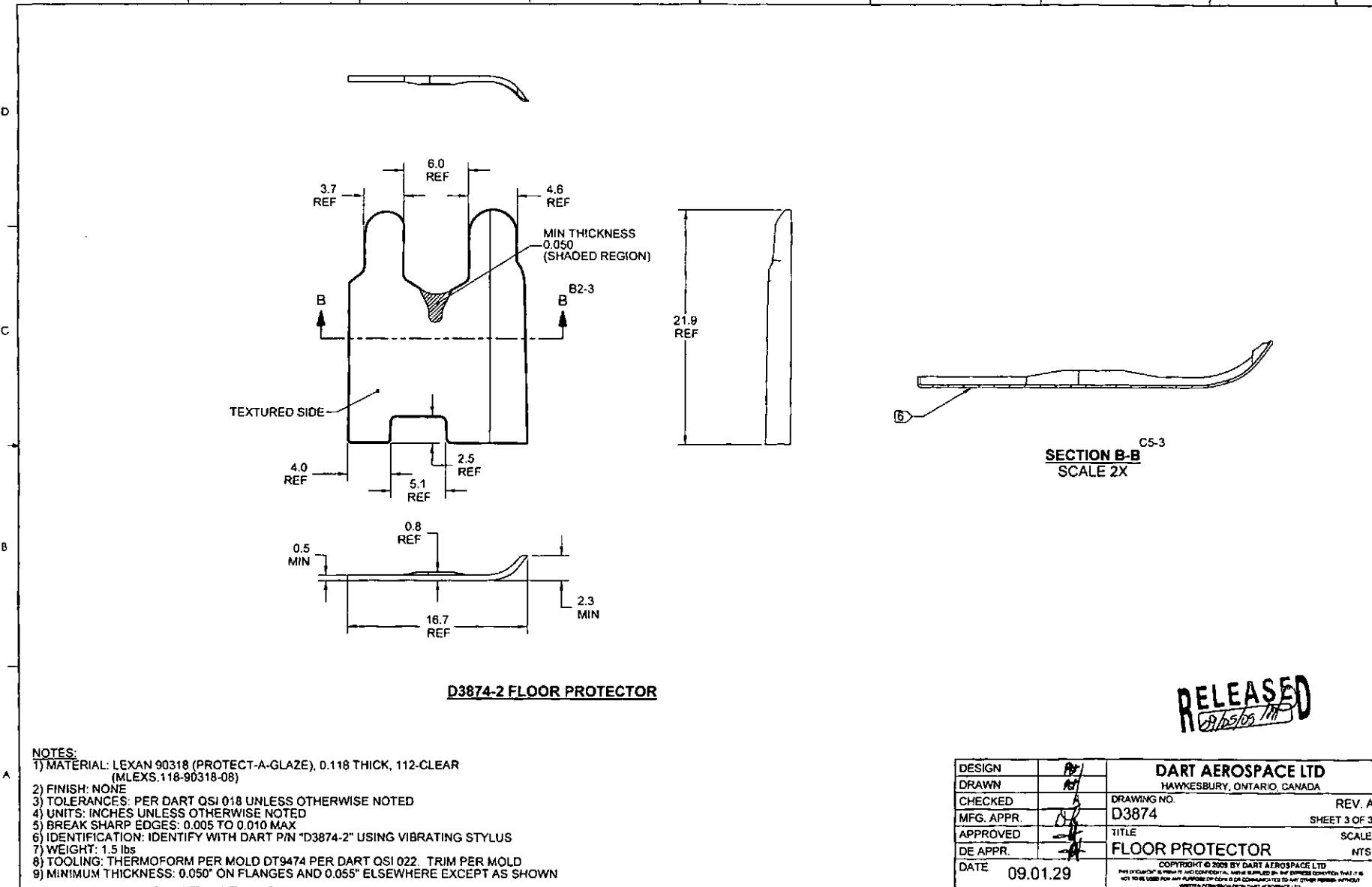
DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | |
|--|--------------------------|------|------|--|--|---|--|--|--|--|--------------|---|--|
| | | | | Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| Root Cause | | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | | Sign & Date | Verification | QC Inspector | |
| Doc/Data | <input type="checkbox"/> | | | | | | | | | | | | |
| Equip/Tooling | <input type="checkbox"/> | | | | | | | | | | | | |
| Operator | <input type="checkbox"/> | | | | | | | | | | | | |
| Material | <input type="checkbox"/> | | | | | | | | | | | | |
| Setup | <input type="checkbox"/> | | | | | | | | | | | | |
| Other | <input type="checkbox"/> | | | | | | | | | | | | |
| Process | <input type="checkbox"/> | | | | | | | | | | | | |
| Supplier | <input type="checkbox"/> | | | | | | | | | | | | |
| Training | <input type="checkbox"/> | | | | | | | | | | | | |
| Unapproved | <input type="checkbox"/> | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | |
| | | | | | | | | | | | | <input type="checkbox"/> Other | |

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| | | |
|--|----------|-----------------------------|
| DESIGN | AP | DART AEROSPACE LTD |
| DRAWN | AP | HAWKESBURY, ONTARIO, CANADA |
| CHECKED | AP | DRAWING NO. |
| MFG. APPR. | AP | REV. A |
| APPROVED | AP | D3874 |
| DE APPR. | AP | SHEET 3 OF 3 |
| DATE | 09.01.29 | TITLE |
| | | SCALE |
| | | FLOOR PROTECTOR |
| | | NTS |
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NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | |
|---|------|------|--|--|------------------------------------|--|--------------------------------------|--------------|--------------|--|--|---|--|
| Part No. _____ | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | |
| NCR No. _____ | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | |
| | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | |
| | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | |
| Doc/Data | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | |